DATE: 7/3/02			
DATE: 7/3/02	FROM:	T. Vo	(print name)
	REASON(S):		
FORWARD TO:	A. You had Parent	(check box)	
A. Art Unit:	B. See Title	(check box)	
B. Class: - 70 %	C. Se Abstract	(check box)	
C Subclass: XV	D. Se Claim(s):		
FURTHER EXPLANATION IF I	Clienical Braly	neces in f	ulnelated food or
DATE:	FROM:		(print name)
	REASON(S): .		
FORWARD TO:	A. You had Parent	(2)	
A. Art Unit:	B. See Title	(check box)	
B. Class:	C. See Abstract	(check box)	
C Subclass:		(check box)	
C Subclass.	D. See Claim(s):		
DATE:	FROM:		the second second
	FROM:	, <u> </u>	(print name)
			(print name)
	REASON(S): A. You had Parent	(check box)	(print name)
	REASON(S):	(check box)	(print name)
	REASON(S):  A. You had Parent	(check box)	(print name)
	REASON(S): A. You had Parent B. See Title C. See Abstract		(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:  ASSIFICATION	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF N  DISPOSITION BY 2700 CL  DATE:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:  ASSIFICATION CLASSIFIER:	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF NO CLASSIFIER  FORWARD TO:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  EEDED:  ASSIFICATION CLASSIFIER: REASON(S):	(check box)	(print name)
FORWARD TO CLASSIFIER  FURTHER EXPLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:  ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box)	(print name)

FURTHER EXPLANATION IF NEEDED: